

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-011702

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 169 Primary Registration District No. _____ Registrar's No. 9

FILED MAR 19 1962

VS 300
Rev. 4/59

1 0520
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4 1
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7 0
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9420-1
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12 90-2
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) Knox City		c. CITY OR TOWN Knox City	
Length of stay in 1b 9 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION residence		d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MINNIE Middle ELIZABETH Last SHOUSE		4. DATE OF DEATH Month Mar Day 11 Year 1962	
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 26 Sept 1883
9. AGE (last birthday) 78		IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Knox County		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Benjamin J. Norton		13b. MOTHER'S MAIDEN NAME Barbara Rachel Boltz	
14. NAME OF HUSBAND OR WIFE Francis Lee Shouse		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. 3		17. INFORMANT Frank Shouse	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Coronary artery disease DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 10 months years	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION LaBelle, Mo.	
20g. COUNTY Knox		20h. STATE Mo	
21. I attended the deceased from March 5, 1962 to March 11 and last saw her alive on Mar. 11, 1962 Death occurred at 12:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ralph P. Wimp		22b. ADDRESS LaBelle, Mo.	
22c. DATE SIGNED 3-13-62		22d. SIGNATURE W. L. H. H. H.	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 14 Mar 1962	
23c. NAME OF CEMETERY OR CREMATORY Knox City Cemetery		23d. LOCATION (City, town, or county) (State) Knox City, Mo	
24. FUNERAL DIRECTOR HUDSON-RIMER FUNERAL HOME		25. DATE RECD. BY LOCAL REG. Edina, Mo March-14-1962	
26. REGISTRAR'S SIGNATURE W. L. H. H. H.			

Burial permit requested

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.